CLAIMS ONLY

Application Number	Filing Date
10/675723	

Applicant(s)

10-14-05

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/			
2				/		
3				/		
4				/		
5				/		
6				/		
7				/		
8				/		
9				/		
10				/		
11				/		
12				/		
13				/		
14				/		
15			/			
16				/		
17				/		
18				/		
19				/		
20				/		
21				/		
22				/		
23				/		
24				/		
25			/			
26				/		
27				/		
28				/		
29				/		
30				/		
31				/		
32			/			
33				/		
34				/		
35				/		
36				/		
37				/		
38				/		
39				/		
40				/		
41			/			
42				/		
43				/		
44				/		
45			—			
46				/		
47				/		
48				/		
49				/		
50			/			
Total Indep			9			
Total Depend			57			
Total Claims			66			

	*		10-14-05		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51				/		
52				/		
53				/		
54				/		
55			/			
56				/		
57				/		
58			/			
59				/		
60				/		
61			/			
62				/		
63				/		
64				/		
65				/		
66				/		
67				/		
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						